DCR UNIVERSAL ACCESS PROGRAM 2017 PARTICIPANT REGISTRATION & RELEASE FORM

-	each adult participant. Children may parent or legal guardian to register c	_	
Name(s):			
Address:			
City:	State:	Zip:	
Phone:	Emai:		
Would you prefer to	receive a twice yearly newsletter	of activities viae-mail	ormail?
Optional: Veteran	Status:yes I have served in t	he U.S. militaryno I an	n not a veteran
Department of Conservation volunteers and other governr loss, damages, costs, claims and bodily injuries, including participation in any program by the Providers. I understar recreational activity may invothers, and of property dama injury or damage, whether in as a result of emergency care liability, loss, damages, costs of the minor child's or ward who I or my child or ward in any injury that may occur as The undersigned, on behalf of events held by DCR's Universidated Massachusetts, including it I	ersal Access Program hereby relead and Recreation, and its employeemental entities working for or with and/or causes of action, including gleath, arising in any way from not, course or recreational activity of and that my or my child's or ward's rolve risk and the possibility of injure. I hereby release and hold the neurred by me, my minor child or the provided by the Providers. I also so, claims and/or causes of action be a result of emergency care provided of the below mentioned participant are a result of emergency care provided to the below mentioned participant participant and the provided participant are provided to the below mentioned participant are provided to the below mentioned participant and the provided participant are provided to internet publication.	s, permittees, vendors, agent DCR ("Providers") from a but not limited to property my or my child's or ward's every type and description is participation in such progrury to myself or to my child Providers harmless from liamy ward, and including any othereby indemnify the Providers hy the minor child, the ment or participation, and frogram, course or recreation led to others by the Provider t, in connection with his/her ermission for the Commonwideotape of me or the participation.	ts, representatives, ny and all liability, damage and emotional enrollment or provided or sponsored am, course or lor ward, and to ability for any such injury that may occur riders from any he ward, or members om claims of others al activity, including as.
Individual Participant:	SIGN HERE		DATE
If participant is under 18 ye	ears of age or has legal guardian,	signature of parent/guardi	an required:
	Parent/G	uardian: SIGN HERE	
	Parent/Legal Guardian name (p	olease print):	

2017 PARTICIPANT REGISTRATION FORM

General Information:

Participant Name:	Birth date:
Emergency Contact Name:	Emergency Contact Phone:
Medical Information	
Please complete this information to help	us better serve you. Please check any that apply.
Seizure DisorderHeart DiseaseD	Diabetes
Traumatic/Acquired Brain InjuryBl	leeding DisorderLung or breathing disorder
High Blood PressureLife Threatening	ng Allergies Dementia
Loss of BalanceWeakness or Para	lysis of Extremities:LeftRight
Have you fallen in the past 5 years? Y	N If so, please explain
Other (Please explain):	
	checked
Confidential Questions	
So we can better serve your needs, please	e complete the following:
Height Weight	
YesNo Can you independently for	rm a watertight seal with your mouth?
YesNo Can you independently ho	old your head up in the water?
	rn face up in the water while wearing a life jacket?
YesNo Can you alert program sta	·
	n from behaviors that pose a risk to yourself and/or
Yes No Will a Personal Care Assi	ion, lack of safety awareness, wandering away from the group) stant accompany you?
	ide his/her name
YesNo Do you carry any i	medication?
If yes, please descr	ribe
·	ou feel program staff should be aware of for your safety
and comfort, such as location of essential	I medications you carry or any special accommodations needed: